

Please complete form. Handwritten forms will NOT be accepted. Print form, sign and mail to:

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS

900 SW Jackson Street, Suite 507, Topeka, KS 66612

www.ksbtp.ks.gov

785-296-3053

GEOLOGIST APPLICATION FOR LICENSURE BY COMITY/RECIPROCITY

INSTRUCTIONS: Applicants should read all statutes, rules and regulations for specific details regarding the application requirements available on the KSBTP web page.

- See "Requirements for Professional Geologists" for information on Kansas licensure by Comity listed below.
- Application must be complete and received by KSBTP 30 days prior to next scheduled meeting of the Board. (See Schedule of Board Meetings on web page.)
- Social Security Number: Pursuant to K.S.A. 74-139 and 74-148, the Board requests a Social Security number. Providing a Social Security number is voluntary and may be disclosed to the Director of Taxation and/or the Kansas Department for Children and Families (DCF) for child support enforcement purposes.

Complete application file will include the following:

- 1. APPLICATION FORM** – Print completed form, sign, date and send all required information to KSBTP.
- 2. APPLICATION FEE - \$250.00.** Please make check payable to Kansas State Board of Technical Professions. Application fees are Non-Refundable. Pending application files are retained for one year.
- 3. THREE PROFESSIONAL REFERENCES** – In accordance with K.A.R. 66-10-14(c), applicant is required to have at least three references. Two references must be licensed Geologists. One reference may be a licensed professional engineer. Four years of experience must be verified by persons familiar with applicant's geology experience. Professional reference forms must be returned directly to KSBTP from the person supplying the information. Relatives may not serve as references.
- 4. TRANSCRIPTS** – Official transcripts are required for all educational credit claimed. Please send an "official" transcript or request the school send a transcript directly to KSBTP. Foreign degree transcripts must be in English.
- 5. VERIFICATION OF EXAMS AND LICENSURE** – Send the "Verification of Exam/Licensure" form to the state board where original license was received with instructions to return promptly to KSBTP. If the Fundamentals Exam was taken in one state and the Practice Exam in another state, forms must be sent to BOTH states. If original license is not current, you must supply verification of a current license.

HANDWRITTEN OR INCOMPLETE or illegible forms will be returned. **Applicant will be notified of Board action.**

Keep a **copy** of this application for your records.

REQUIREMENTS FOR PROFESSIONAL GEOLOGISTS

Pursuant to K.S.A. 74-7024, the Kansas board will accept an applicant by comity or reciprocity provided the qualifications at the time the original license was issued would have met Kansas requirements if the application had been made in Kansas on that date.

If originally licensed in another state prior to July 1, 2000:

- (a) graduation from a course of study in geology, or from a program which is of four or more years' duration and which includes at least 30 semester or 45 quarter hours of credit with a major in geology or a geology specialty, that is adequate in its preparation of students for the practice of geology; and
- (b) proof of at least four years of experience in geology.

If licensed in another state after July 1, 2000:

- (a) graduation from a course of study in geology, or from a program which is of four or more years' duration and which includes at least 30 semester or 45 quarter hours of credit with a major in geology or a geology specialty, that is adequate in its preparation of students for the practice of geology; and
 - (b) proof of at least four years of experience in geology; and
 - (c) the satisfactory passage of the national association of state boards of geology (ASBOG®) examination, consisting of a geology fundamentals section and a professional geology practice section.
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OFFICE USE ONLY

FILE # _____ AMT _____ DATE _____

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS
APPLICATION FOR GEOLOGIST BY COMITY

I. GENERAL INFORMATION

APPLICANT NAME: _____ Maiden Name: _____
 (First/Middle/Last)

Social Security #: _____ Date of Birth: _____ Send official mail to: Home Business

Home Mailing Address: _____
 Address

 City/State/Zip

Business Name: _____

Business Mailing Address: _____
 Address

 City/State/Zip

Phone Number: _____ Ext. _____ E-mail address: _____

II. EDUCATION: An official transcript is required. It is: Enclosed Forwarded from school.
 (Transcripts submitted by internet or FAX are NOT acceptable.)

Name and Location of Institution	Dates Attended	Date Graduated	Degree Received (i.e. BS Geology)

III. LICENSURE HISTORY: List any Geology examinations taken and passed. If no examinations were taken, please list the state where licensed by *Grandfather provision.

Type of Certificate or Examination	Original State	Date of Exam	Number of Hours	ASBOG® Exam (Yes or No)	License or Certificate Number	Date License Issued
Fundamentals of Geology Exam						
Practice of Geology Exam						
*Grandfather Provision						

LIST OTHER STATES WHERE CURRENTLY LICENSED: _____

APPLICANT NAME: _____**IV. REFERENCE SUMMARY:** List names of the licensed professionals who will provide references:

1. _____
2. _____
3. _____

List references who can verify professional experience listed on experience record. Each applicant must supply at least three references from individuals who are familiar with the applicant's geology experience. At least two of these references shall be from licensed geologists. One of the three references may be from a professional engineer. Relatives may not serve as references. Use Reference Forms on pages 6 and 7 for this purpose.

V. CERTIFICATE OF AUTHORIZATION REQUIREMENT: Are you practicing or offering to practice a technical profession through a business entity? YES NO

If YES, submit completed application for a KSBTP Certificate of Authorization from the KSBTP web site after responsible principal is licensed. In accordance with K.S.A. 74-7036, a business entity practicing or offering to practice a technical profession in Kansas must obtain a Certificate of Authorization.

If business entity currently has a Certificate of Authorization, please complete the following:

Business Entity Name: _____ Certificate of Authorization #: _____

VI. SIGNATURE: Have you ever been convicted of a felony, or had any disciplinary or administrative action taken against your license in another jurisdiction? YES NO

(If YES, please explain. Use separate sheet if necessary.)

_____.

I HEREBY CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT.

SIGNATURE

DATE

APPLICANT NAME: _____

KSBTP - PROFESSIONAL EXPERIENCE RECORD

Important: Read all instructions in this section before completing experience record.

1. In chronological order beginning with date baccalaureate degree was conferred, enter month and year of all engagements (geology, non-geology and times of unemployment). The letter (a) designates the first engagement. Letter subsequent engagements consecutively with (b), (c), etc. Engagements can be divided by company, by job title or time of unemployment. Do not leave any gaps from graduation to the present.
2. In column 3, state the title of your position, the name and address of your employer. If you have been employed by more than one employer, each is considered a separate engagement. Geology engagements must be explained in detail giving at least two specific project examples. Non geology or unemployment entries need only a brief explanation of activities during those times. No references are needed for non geology engagements.
3. Using *years* and *months*, enter total time spent on engagement (or time of unemployment) in Column 4. Enter the portion of your time spent in activity other than geology in Column 5. Enter the portion of your time spent in geology in Column 6. Columns 5 and 6 should equal Column 4. Enter totals at bottom of last page only.
4. **Four years of geology experience must be verified by an employer or colleague who is a licensed professional and person familiar with your work. Send a reference form and a copy of your experience record to each individual who will be providing an experience verification or professional reference.**

(1) From MM/YY	(2) To MM/YY	(3) Experience Engagements	(4) Total Time YR/MO	(5) Non- Geology YR/MO	(6) Geology YR/MO	(7) Professional Reference Familiar with this Geology Engagement
06/01	12/02	(a) SAMPLE – XYZ Geology 900 SW Jackson Topeka, KS 66612 Project 1 (PROJECT NAME/LOCATION) Project Geologist: Responsibilities included collection of soil, rock, sediment and groundwater samples at hazardous waste sites; oversight and management of drilling crews, excavation and demolition teams. Oversight of hollow stem auger, water rotary, air rotary, rock coring and direct push investigations. Authored proposals, work plans and remedial facility investigation reports.	1y/6m	0	1y/6m	Jane Doe, Geologist KS License #222 SAMPLE
-----	-----	(Begin with date Baccalaureate Degree was conferred. Leave no gaps.)	-----	-----	-----	-----

[illegible]

**** TO REPORT ADDITIONAL EXPERIENCE, PRINT THIS FORM, CLEAR IT, AND ENTER NEXT ENGAGEMENTS.**

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS
900 SW JACKSON, SUITE 507
TOPEKA KS 66612
785-296-3053 **www.ksbtp.ks.gov**

NOTICE OF REFERENCE REQUEST

APPLICANT INFORMATION: (To be completed by APPLICANT)

1. APPLICANT NAME: _____
2. Date for form to reach KSBTP: _____

Reference Name: _____

Reference Address: _____

To the Reference: The applicant listed above has given your name as an employer or one who is acquainted with one or more experience engagements listed in the experience record form accompanying this reference form. This Board is required by law to obtain evidence of the technical ability of applicants for licensure. Statements by responsible individuals with personal knowledge of the applicant's qualifications will be considered as evidence. Additional information may be attached. The Reference Forms may be 'handwritten'. Please write legibly.

The Board would like to emphasize that evidence submitted on this form must not be perfunctory nor made for the mere purpose of aiding the applicant to be licensed. The execution of this statement will be accepted by the Board as a deliberate act made with full knowledge of the responsibility to protect the public health, safety and welfare. It should be borne in mind that the applicant is not being considered for membership in an organization but for licensure as a geologist in Kansas.

Since the Board cannot process this application until receipt of this reference, a prompt reply will expedite the handling of the application. **Your professional seal is required on this form. If you have no seal, please send a copy of your license.**

THIS INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE.

The **REFERENCE FORM FOR EXPERIENCE VERIFICATION** (which should be enclosed with this Notice) is to be returned directly to the board office at:

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS
900 SW JACKSON, SUITE 507
TOPEKA, KS 66612

Jean Boline, KSBTP Executive Director

KSBTP REFERENCE FORM FOR EXPERIENCE VERIFICATION**TO BE COMPLETED BY APPLICANT:**

APPLICANT NAME: _____

Have you and Respondent been employed by or been members of the same business entity? Yes No

If yes, please complete the following information.

	First Engagement	Other Engagement
From – To		
Name of Business Entity		
City		
Applicant's Position		
Respondent's Position		

Have you known each other in other circumstances? Yes No If yes, give dates and explain:

TO BE COMPLETED BY REFERENCE:1. I have known the applicant for _____ years, from _____ to _____.
(mm/yy) (mm/yy)

2. Is the above information correct as stated? ___Yes ___No If no, please explain on separate sheet.

3. Professional relationship to applicant (i.e. supervisor, co-worker, etc.): _____

4. How many years has applicant been engaged in geology work? _____ In responsible charge of geology work? _____

5. Would you recommend this applicant be licensed? ___Yes ___No

6.	Excellent	Satisfactory	Poor
Please rate applicant's:	-----	-----	-----
Professional Reputation			
Technical Knowledge			
Competence			

7. Comments: _____

Respondent's Name: _____

Respondent's Firm: _____ Position in Firm: _____

Address of Respondent's Firm: _____

Phone: _____ E-mail: _____

Respondent's Licensure: _____ Geology _____ Professional Engineering

Jurisdiction: _____ License Number: _____ Year Licensed: _____

Reference's Professional Seal

SIGNATURE

DATE

VERIFICATION OF EXAM/LICENSURE

Send form TO:

FROM: _____

(Board making certification)

KANSAS STATE BOARD OF TECHNICAL PROFESSIONS
900 SW JACKSON, SUITE 507
TOPEKA, KS 66612

Licensee Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Last Four digits of Social Security Number: _____

I. THE ABOVE NAMED PERSON WAS LICENSED OR CERTIFIED AS:

	License Number	Date Issued	Valid Until
Intern Geologist			
Geologist			

II. BASIS OF LICENSURE:

1.		Hours of Exam	Results Pass/Fail	ASBOG® Yes/No	EXAM DATE MM/DD/YYYY
Written Exam	FG				
	PG				

2. Oral Exam: _____ hrs.

3. FG Accepted from: _____ PG Accepted from: _____

4. Comity with: _____

5. Education and Experience: Years of Education _____ Years of Experience _____

6. Other: Please give details on separate sheet.

III. INVESTIGATION AND/OR COMPLAINTS (If yes, please give details on separate sheet.)

	Yes	No
An investigation is in progress on the above named.		
A complaint has been filed against the above named.		
Disciplinary action has been taken against the above named.		

By: _____

Title: _____

Date: _____

**BOARD SEAL**